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**\*BIBDATASHEET\*****CONFIRMATION NO. 9265**

Bib Data Sheet

|                             |                                       |              |                        |   |
|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>10/646,037 | FILING DATE<br>08/22/2003<br><br>RULE | CLASS<br>600 | GROUP ART UNIT<br>3762 | ATTORNEY<br>DOCKET NO.<br>020.0347.US.CON |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/251,473 09/20/2002  
 which is a CON of 09/860,979 05/18/2001 PAT 6,478,737  
 which is a CON of 09/686,712 10/10/2000 PAT 6,331,160  
 which is a CON of 09/361,777 07/26/1999 PAT 6,203,495  
 which is a CIP of 09/324,894 06/03/1999 PAT 6,312,378

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 11/12/2003**

|   |   |                           |                         |                       |                            |
|---|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | STATE OR<br>COUNTRY<br>WA | SHEETS<br>DRAWING<br>21 | TOTAL<br>CLAIMS<br>19 | INDEPENDENT<br>CLAIMS<br>3 |
| Verified and<br>Acknowledged                                | Examiner's Signature: <u>[Signature]</u> Initials: <u>[Initials]</u>  |                           |                         |                       |                            |

**ADDRESS**

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**TITLE**

System and method for providing feedback to an individual patient for automated remote patient care

|            |   |  |
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